

In re HENRY CARL BUCHMEIER, DARLENE LUCILLE BUCHMEIER, Case No. _____
Debtor (If known)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: MARRIED	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Employment:	DEBTOR	SPOUSE
Occupation	DISABLED/RETIRED	DRIVER
Name of Employer	ROHLIN CONSTRUCTION	
How long employed	1 YEAR	
Address of Employer		

Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ <u>0.00</u>	\$ <u>2,166.65</u>
Estimated monthly overtime	\$ <u>0.00</u>	\$ <u>0.00</u>
SUBTOTAL	\$ <u>0.00</u>	\$ <u>2,166.65</u>
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ <u>354.59</u>
b. Insurance	\$ <u>0.00</u>	\$ <u>0.00</u>
c. Union dues	\$ <u>0.00</u>	\$ <u>0.00</u>
d. Other (Specify) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ <u>354.59</u>
TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>0.00</u>	\$ <u>1,812.06</u>
Regular income from operation of business or profession or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ <u>0.00</u>
Social security or other government assistance (Specify) SOCIAL SECURITY	\$ <u>1,215.00</u>	\$ <u>0.00</u>
Pension or retirement income	\$ <u>0.00</u>	\$ <u>0.00</u>
Other monthly income (Specify) _____	\$ <u>0.00</u>	\$ <u>0.00</u>
TOTAL MONTHLY INCOME	\$ <u>1,215.00</u>	\$ <u>1,812.06</u>
TOTAL COMBINED MONTHLY INCOME <u>\$ 3,027.06</u> (Report also on Summary of Schedules)		
Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document: NONE		

In re **HENRY CARL BUCHMEIER, DARLENE LUCILLE BUCHMEIER**

Case No. _____

Debtor

(If known)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>400.00</u>
Are real estate taxes included?	Yes _____ No <u>✓</u>		
Is property insurance included?	Yes _____ No <u>✓</u>		
Utilities Electricity and heating fuel		\$	<u>180.00</u>
Water and sewer		\$	<u>25.00</u>
Telephone		\$	<u>60.00</u>
Other _____		\$	<u>0.00</u>
Home maintenance (repairs and upkeep)		\$	<u>50.00</u>
Food		\$	<u>500.00</u>
Clothing		\$	<u>25.00</u>
Laundry and dry cleaning		\$	<u>25.00</u>
Medical and dental expenses		\$	<u>100.00</u>
Transportation (not including car payments)		\$	<u>200.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>20.00</u>
Charitable contributions		\$	<u>0.00</u>
Insurance (not deducted from wages or included in home mortgage payments)			
Homeowner's or renter's		\$	<u>34.00</u>
Life		\$	<u>125.00</u>
Health		\$	<u>0.00</u>
Auto		\$	<u>100.00</u>
Other _____		\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) MOBILE HOME TAXES		\$	<u>30.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)			
Auto		\$	<u>329.00</u>
Other _____		\$	<u>0.00</u>
Alimony, maintenance or support paid to others		\$	<u>0.00</u>
Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
Other AUTOMOBILE REPAIRS AND LICENSE FEES		\$	<u>15.00</u>
CABLE TELEVISION		\$	<u>32.00</u>
GROOMING		\$	<u>25.00</u>
LOT RENT		\$	<u>150.00</u>
MOTEL EXPENSES FOR WIFE'S EMPLOYMENT		\$	<u>200.00</u>

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 2,625.00

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	<u>3,027.06</u>
B. Total projected monthly expenses	\$	<u>2,625.00</u>
C. Excess income (A minus B)	\$	<u>402.06</u>
D. Total amount to be paid into plan each _____	\$	<u>402.06</u>
Monthly (interval)		

UNITED STATE BANKRUPTCY COURT
DISTRICT OF MINNESOTA

IN RE:

HENRY CARL BUCHMEIER AND
DARLENE LUCILLE BUCHMEIER,

SIGNATURE DECLARATION

DEBTOR(S).

CASE NO. 04-31943

☐ PETITION, SCHEDULES & STATEMENTS
☐ CHAPTER 13 PLAN
☐ SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
☒ AMENDMENTS TO PETITION, SCHEDULES AND STATEMENTS
☒ MODIFIED CHAPTER 13 PLAN

I [We], the undersigned debtor(s) or authorized representative of the debtor, *make the following declarations under penalty of perjury:*

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or Chapter 13 Plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- **[individual debtors only]** If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or Chapter 13 Plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor Information Pages," if applicable; and
- **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor

Date: 9-3, 2004

X Henry Buchmeier
Signature of Debtor or Authorized Individual

Henry Carl Buchmeier
Printed Name of Debtor or Authorized Individual

X Darlene Buchmeier
Signature of Joint Debtor

Darlene Lucille Buchmeier
Printed Name of Joint Debtor

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
THIRD DIVISION**

IN RE:

BKY. NO. 04-31943

HENRY CARL BUCHMEIER AND
DARLENE LUCILLE BUCHMEIER,

**UNSWORN CERTIFICATE
OF SERVICE**

DEBTOR(S).

I, Stephen J. Behm, attorney with Eskens, Gibson & Behm Law Firm, Chtd., 115 East Hickory Street, Suite 200, P.O. Box 1056, Mankato, MN 56002-1056, declare that on September 7, 2004, I mailed copies of the attached **Notice of Filing of Modified Plan and Hearing, Modified Chapter 13 Plan, Amended Schedules "I" and "J" and Signature Declaration** by first class mail postage prepaid to each entity named below at the addresses stated below for each entity.

Michael J. Farrell, Chapter 13 trustee, P.O. Box 519, Barnesville, MN 56514.

U.S. Trustee, 1015 U.S. Courthouse, 300 South Fourth Street, Minneapolis, MN 55415.

Henry and Darlene Buchmeier, 51 East Ken Rue Lane, Fairmont, MN 56031.

All parties on the debtors' creditor matrix (See attached listing).

Dated: this 7th day of September, 2004.

ESKENS, GIBSON & BEHM LAW FIRM, CHTD.

/s/ Stephen J. Behm

Stephen J. Behm

115 East Hickory Street, Suite 200

P.O. Box 1056

Mankato, MN 56002-1056

Telephone: (507) 345-5500

Attorney ID #0263758

Creditor list for:

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Debtor Name **BUCHMEIER, HENRY CARL; Chapter 13**

Creditor	ID #
GREEN TREE LOAN CO GREEN TREE SERVICING LLC 345 ST PETER ST ST PAUL MN 55102-1211	5973466
AMERICAN EXPRESS CENTRUIAN BK C/O BUCKET & LEE LLP PO BOX 3002 MALVERN PA 19355-0701	5953266
DISCOVER BANK DISCOVER FINANCIAL SERVICES PO BOX 8003 HILLIARD OH 43026	5952051
MN DEPT OF REVENUE BANKRUPTCY SECTION PO BOX 64447 ST PAUL MN 55164	5797714
STATE OF MINNESOTA DEPT OF MANPOWER SERVICES 390 N ROBERT ST ST PAUL MN 55101	5797713
UNITED STATES ATTORNEY 600 US COURTHOUSE 300 S 4TH ST MINNEAPOLIS MN 55415	5797712
UNITED STATES TRUSTEE 1015 US COURTHOUSE 300 S 4TH ST MINNEAPOLIS MN 55415	5797711
MARTIN COUNTY SHERIFF MARTIN COUNTY COURTHOUSE FAIRMONT MN 56031	5797710
UNIVERSAL CARD SERVICESAT&T P O BOX 44167 JACKSONVILLE FL 32231 4167	5797709
THE DEBT SETTLEMENT PROGRAM 5656 WEST 74TH STREET INDIANAPOLIS IN 46278	5797708

GREENTREE FINANCIAL
P O BOX 94710
PALATINE IL 60094 4710 5797707

ENROLLED CUSTOMER TRUST
P O BOX 781020
INDIANAPOLIS IN 46278 5797706

DISCOVER CARD SERVICES
P O BOX 15192
WILMINGTON DE 19850 5192 5797705

CITIBANK
ATTN CARD SERVICE CENTER
P O BOX 6077
SIOUX FALLS SD 57117 6077 5797704

CITI CARD SERVICES
P O BOX 6000
THE LAKES NV 89163 6000 5797703

BANK MIDWEST
118 DOWNTOWN PLAZA
FAIRMONT MN 56031 5797702

BALOGH BECKER LTD
4150 OLSON MEMORIAL HIGHWAY
SUITE 200
MINNEAPOLIS MN 55422 4804 5797701

AMERICAN EXPRESS
P O BOX 297874
FT LAUDERDALE FL 33329 5797700

U S Bankruptcy Court - District of Minnesota
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